

Services Offered

Assisted Reproductive Technologies

- *In-Vitro* Fertilization
- Intracytoplasmic Sperm Injection (ICSI)
- Blastocyst Culture
- Assisted Hatching
- Embryo and Gamete Cryopreservation
- Egg Donation

Endocrine Dysfunction

- Ovulatory Dysfunction
- Polycystic Ovarian Syndrome
- Recurrent Miscarriages

Full Service Andrology Laboratory

- Intrauterine Insemination (IUI) using husband or donor sperm
- Sperm Wash
- Semen Analysis with Kruger Strict Criteria Morphology

AFS Ultrasound Department is Accredited by AIUM



AFS Medical Services Surgical & Recovery Room



New York State Department of Health
Clinical Laboratory Permit

PFI: 5006

CLIA: 33D0697586

Directions

By subway, take the IRT #4 or #5 to 86th Street and Lexington Avenue. Walk east to Third Avenue and then walk up to 91st Street.

By bus, take the 3rd Avenue bus, #101 or #102, to 91st Street.

By car from New Jersey, take the George Washington Bridge to Harlem River Drive which becomes the FDR Drive-South. Exit at 96th Street. Turn right on 96th Street to 2nd Avenue. Turn left on 2nd Avenue to 89th Street. Turn right on 89th Street to 3rd Avenue. Turn right on 3rd Avenue to 92nd Street. Turn right on 92nd Street. Garages are located on 92nd between 2nd and 3rd Avenues. Special parking rates are available for AFS patients at the GGMC garage on 92nd Street. Give your parking ticket to our receptionist for validation.

From Long Island, Westchester or Connecticut, take the Triboro Bridge to the FDR Drive-South. Exit at 96th Street. Turn right on 96th Street to 2nd Avenue. Turn left on 2nd Avenue to 89th Street. Turn right on 89th Street to 3rd Avenue. Turn right on 3rd Avenue to 92nd Street. Turn right on 92nd Street. Garages are located on 92nd between 2nd and 3rd Avenues.

Meter parking (1 hour) is available on 2nd and 3rd Avenues after 9.00 AM

Hablamos Español
Мы говорим по - русски



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Advanced Fertility Services

In Vitro Fertilization Center

Turning dreams into reality

Intrauterine Insemination

A Guide for Patients

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Medical Director

Intrauterine (IUI) Inseminations

Intrauterine insemination with partner's sperm can be used as a potentially effective treatment for infertility of all causes in women under about age 45 except for cases with tubal blockage, severe tubal damage, very poor egg quality and quantity, ovarian failure (menopause), and severe male factor infertility. In vitro fertilization with the woman's eggs or IVF with donor eggs are alternatives for couples that are not candidates for artificial insemination.

It is most commonly used for infertility associated with endometriosis, unexplained infertility, anovulatory infertility, very mild degrees of male factor infertility, cervical infertility and for some couples with immunological abnormalities.

It is a reasonable initial treatment that should be utilized for a maximum of about 3-6 months in women who are ovulating (releasing eggs) on their own. It can be reasonable to use it for somewhat longer than this in women with anovulation that have been stimulated to ovulate.

It should not be used in women with blocked fallopian tubes. Tubal patency should be demonstrated prior to performing insemination. This is usually done with an x-ray study called a hysterosalpingogram.

It has very little chance of working in women that are over 40 years old, or in younger women with a significantly elevated day 3 FSH level, or other indications of significantly reduced ovarian reserve.

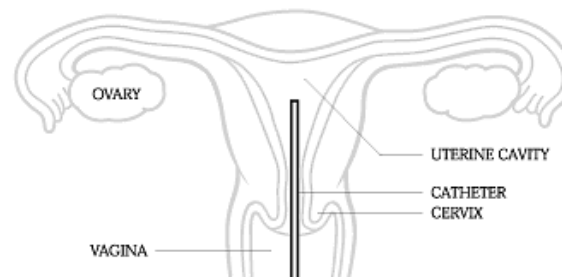
If the sperm count, motility or morphology is more than slightly low, insemination is quite unlikely to be successful. In that situation, IVF with ICSI is indicated and has high success rates.

How is insemination performed?

1. The woman usually is stimulated with medication to promote multiple egg development and the insemination is timed to coincide with ovulation.
2. A semen specimen is either produced at home or in the office by masturbation after 2-3 days of abstinence from ejaculation.
3. The semen is "washed" in the laboratory (called sperm processing or sperm washing). By this process, the sperm is separated from the other components of the semen and concentrated in a small volume. Various media and techniques are used to perform the washing and separation, depending on the specifics of the individual case. The sperm processing takes approximately 60-90 minutes.
4. The separated and washed specimen consisting of a purified fraction of highly motile sperm is placed either in the cervix or high in the uterine cavity using a very thin, soft catheter.

The woman remains lying down for 5 minutes following the procedure. Since the sperm is above the level of the vagina, it will not leak out when she stands up.

This procedure, if done properly, usually seems similar to a pap smear for the woman. There should be little or no discomfort.



How many insemination cycles should be done?

Most pregnancies with insemination using partner's sperm occur in the first 3-4 attempts.

The chances for success per month drop off after about 3 attempts and considerably more after about 4-6 unsuccessful attempts. Therefore, this therapy is not usually recommended for more than a maximum of 4-6 cycles. If the reason for infertility is lack of ovulation (anovulation) then it may be more reasonable to try several more cycles (6-12 cycles total).

In Vitro Fertilization is the next step in treatment after inseminations - and has a much higher success rate per cycle.

Cervical vs. intrauterine insemination

Intrauterine insemination has been shown to be more effective than intracervical insemination. By placing the sperm higher in the female reproductive tract, presumably more are able to get to the egg(s).

Stimulation with injectable gonadotropins plus insemination vs. *In Vitro* Fertilization

Studies have compared the effectiveness of these two therapies for unexplained infertility. Pregnancy rates are improved substantially with either method of therapy as compared to no treatment.

Chances for pregnancy are better with *In Vitro* Fertilization as compared to gonadotropins plus insemination. However, IVF is more invasive and much more expensive than insemination. Therefore, unless the couple has tubal damage or poor sperm quality, 2-4 insemination cycles are usually attempted before moving on to IVF.